

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
FEB 11 2013

Permit #: 13-0093
Date: 5-21-13
Amount Paid: \$625.00-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Bayfield Co. Zoning Dept.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: CHRISTOPHER R. Cox
Address of Property: 15770 Forest Haven Ln, FRISCO, TX. 75035
Mailing Address: City/State/Zip:
Telephone: Cell Phone: 1-214-952-3358

SEE EXHIBIT A, ATTACHED
Contractor: CRANGER BUILDERS INC
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber: BAKEMAN PLUMBING & HEATING
Agent Phone: 1-715-278-3269
Agent Mailing Address (include City/State/Zip): 65166 Main St. MARENGO, WI. 54855
Plumber Phone: 1-715-682-6920
Written Authorization Attached: ☒ Yes ☐ No

PROJECT LOCATION: 1/4, 1/4
Legal Description: (Use Tax Statement) SEE EXHIBIT A
PIN: (23 digits) 04-006-2-51-05-17-1 02-000-16000
Recorded Document: (i.e. Property Ownership) Volume: Page(s):

Section 17, Township 51 N, Range 5 W, Town of: Bayfield
Lot Size: Acreage: 27

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If YES---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If YES---continue -->

Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material: \$159,000.00

Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length: 40' Width: 28' Height: 21'

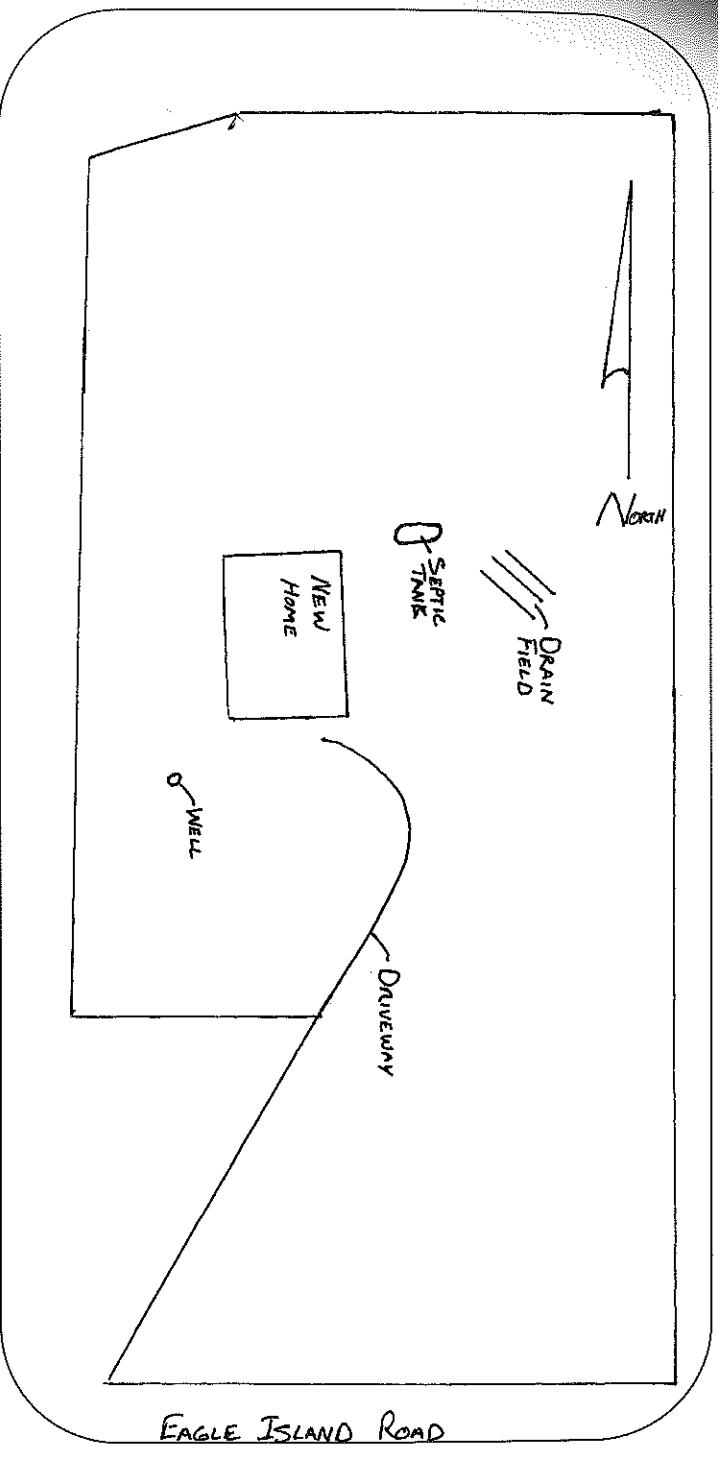
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage	(28 x 38) (X) (X) (X) (X) (X) (X) (X)	1,064
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(X) (X) (X)	

Secretarial Staff
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(We) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Lance D. Mueggel
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 65166 Main Street, MARENGO, WI. 54855
Date: 2/1/2013
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- 1) Show location of: **Proposed Construction**
- 2) Show / Indicate: North (N) on Plot Plan
- 3) Show location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- 4) Show: **All Existing Structures on your Property**
- 5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- 6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- 7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	900 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	865 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1,000 Feet		
Setback from the South Lot Line	865 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	30 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: <u>13-225</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>5/9/2013</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>13-0093</u>	Permit Date: <u>5-21-13</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>OBSERVED SURVEY MONITOR. STRUCTURE LOCATION AS REPRESENTED BY PLANS. AREAS TO BE SETBACKS & IS A SETBACK VIOLATION. PERMIT MAY BE ISSUED.</u>			
Date of Inspection: <u>2-12-13</u>	Inspected by: <u>DE</u>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) <u>A VARIATION VIOLATION CODE (VOC) PERMIT FOR THE LOCAL GOVT. CONSTRUCTION VOC VARIATION VIOLATION</u>			
Signature of Inspector: <u>[Signature]</u>			Date of Approval: <u>2-18-13</u>
Hold For Sanitary: <u>OK</u>	Hold For TBA: <u>OK</u>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

**Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138**

BAYFIELD COUNTY, WISCONSIN

MAY 16 2013

Permit #:	13-0094
Date:	5-02-13
Amount Paid:	\$75
Refund:	5-16-13

TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION? (visit our website www.hayfieldcounty.org/zoning.aspx)

TYPE OF PERMIT REQUESTED →		LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER		
Owner's Name:		Robb Olson / Susan Horton			Mailing Address:		City/State/Zip:			
Address of Property:		84805 Hatcher Rd			84805 Hatcher Rd		Baylor, WI 54814			
Contractor:		Jason Guberian - Tripe E Construction			Contractor Phone:		Plumber:			
Authorized Agent: (Person Signing Application on behalf of Owner's)		715 209 5476			Agent Phone:		Agent Mailing Address (include City/State/Zip):			
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)			
NE 1/4, NE 1/4		Gov't Lot			Lot(s)			CSM		
		Vol & Page			Lot(s) No.			Block(s) No.		
Section 21, Township 50 N, Range 4 W		Town of: Baylor			Lot Size			Acreage		
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If yes---continue →			Distance Structure is from Shoreline: _____ feet			Is Property in Floodplain Zone?		
Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes---continue →			Distance Structure is from Shoreline: _____ feet			Are Wetlands Present?		
Shoreland →										
Non-Shoreland										

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 15,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on - Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>gravid</u> <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it)	Length: 50'	Width: 30'	Height: 2 stories
Proposed Construction:	Length: 28'	Width: 20'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Screen room</u>	(20 x 28)	560
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Municipal Use				
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OR VIOLATING COUNTY ORDINANCES. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date 5/14/13

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

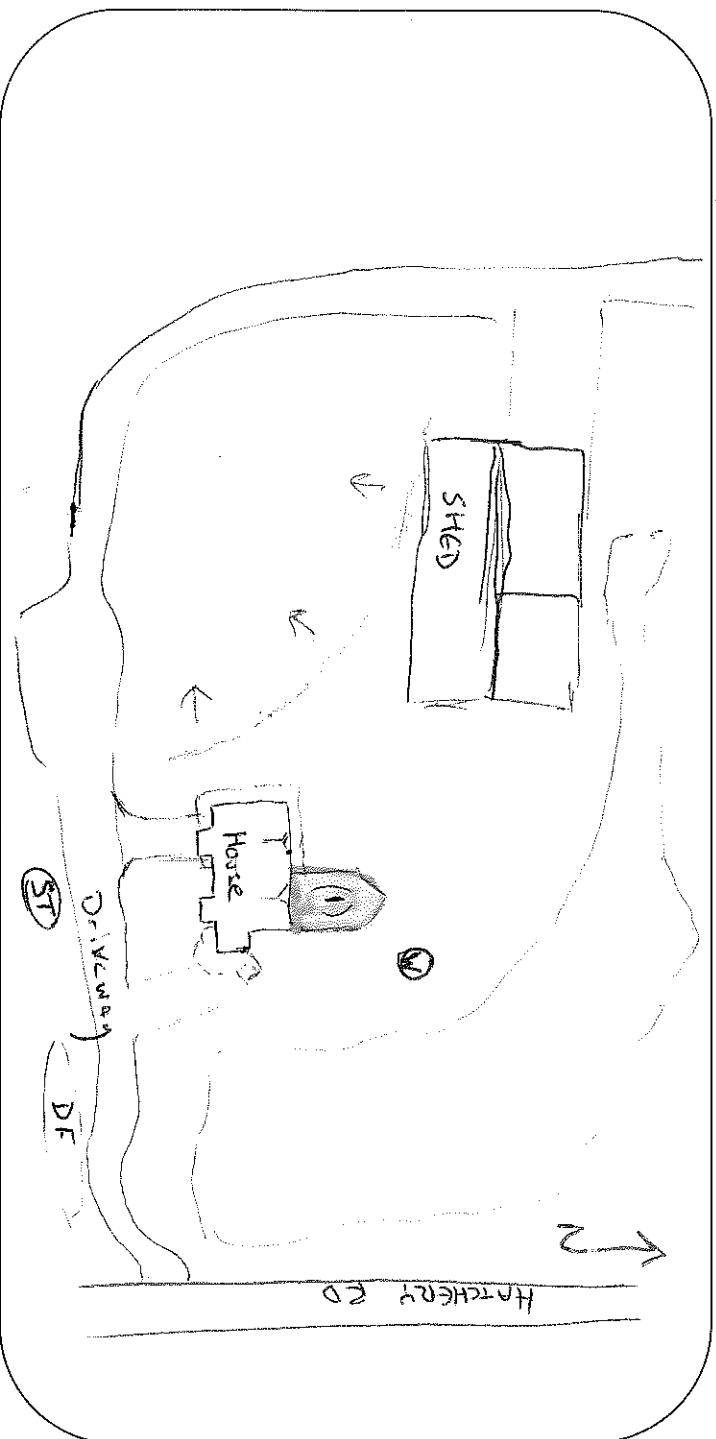
Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 84805 Haskeney Rd Bayfield, UT 84514

If you recently purchased the property send your Recorded Deed

(1)	Show location of:	Proposed Construction
(2)	Show / indicate:	North (N) on Plot Plan
(3)	Show Location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6)	Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7)	Show any (*):	(*) Wetlands; or (*) Slopes over 20%



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	226.19 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	213.79 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	401.34 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	243.10 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	417.18 Feet	Setback from 20% Slope Area	71.03 Feet
Setback from the East Lot Line	213.79 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	816.7 Feet	Setback to Well	12 Feet
Setback to Drain Field	118.20 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 327380		# of bedrooms: 2		Sanitary Date: 9/10/1999	
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0094		Permit Date: 5-22-13					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Frustrated/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA		<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: site well stacked location as represented by owner Appears to identify - code compliant location.		Zoning District (F1)		Lakes Classification (NA)			
Date of Inspection: 5/21/2013		Inspected by: Robert Schirmer		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Must stay out of Unwrapped Wetland, 2 acres in size, to North less than							
Signature of Inspector: [Signature]				Date of Approval: 5/21/2013			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
MAY 08 2013

Permit #:	130099	ENTERED
Date:	5-08-13	
Amount Paid:	\$175	
Refund:	5-8-13	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
HOW NOT GET OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		THOMAS K & WANCY A. MIRE		Mailing Address:		811 ARLINGTON ME. W		City/State/Zip:		ST. PAUL, MN 55117		Telephone:		651 487 0237	
Address of Property:		APOSTLE BAY ROAD		City/State/Zip:		BAYFIELD, WI		54814		Cell Phone:		612 801 1385		Plumber Phone:	
Contractor:		CARL TRUCKING / RANDY ERICSSON		Contractor Phone:		(715) 379 5128		Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (See Tax Statement)		PIN: (23 digits) 04-006-2-50-03-06-3 05004-60000		Recorded Document: (i.e. Property Ownership)		Volume		4		Page(s)		242	
1/4, 1/4		Gov't Lot		1		CSM		Vol & Page		4 of 242		Lot(s) No.		Block(s) No.	
Section 06		Township 50 N, Range 3 W		Town of:		Bayfield		lot size		1100' x 150' x 200'		Acres		0.870	
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: _____ feet											

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	<input checked="" type="checkbox"/> Residential Use	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
		<input type="checkbox"/> with Loft	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with (2" x 12") Deck	<input type="checkbox"/> with (2" x 12") Deck
		<input type="checkbox"/> with a Deck	<input type="checkbox"/> with (2" x 12") Deck	<input type="checkbox"/> with Attached Garage	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities
		<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)
		<input type="checkbox"/> Special Use: (explain) <u>Existed existing road + build driveway</u>	<input type="checkbox"/> Conditional Use: (explain) <u>(25' x 12') + (100' x 12')</u>	<input type="checkbox"/> Other: (explain)	<input type="checkbox"/> Other: (explain)

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Thomas K & Wancy A. Mire
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

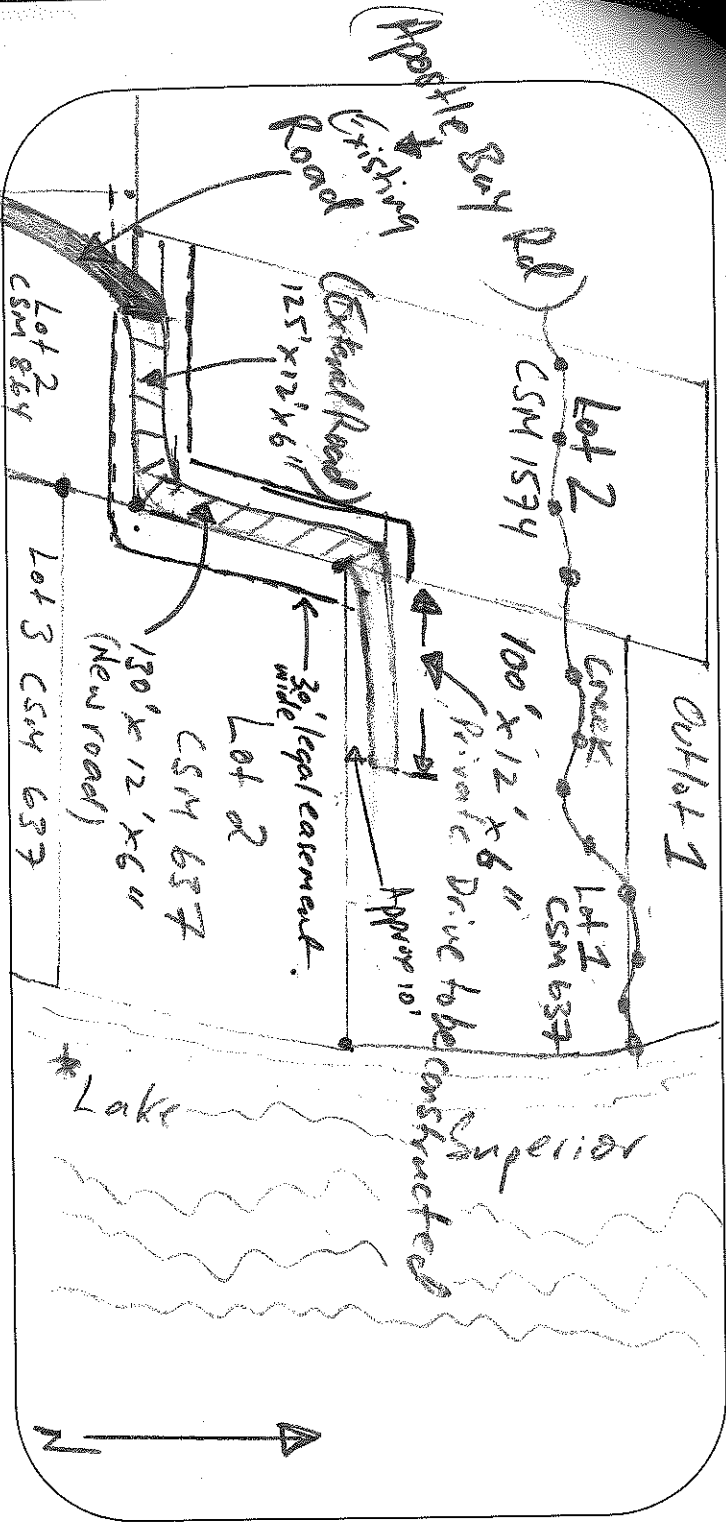
Date 5/5/2013

Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

Proposed Construction NEW ROAD TO BE CONSTRUCTED
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road) Private Drive to be constructed
Show / Indicate:
(*) Show Location of (*):
All Existing Structures on your Property = NONE
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Creek
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet

Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):		Reason for Denial:							
Permit #: <u>13-0099</u>		Permit Date: <u>5-23-13</u>							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (fused/contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
Inspection Record: <u>Site work identified by multiple surveys.</u>				Zoning District (R&B)					
Date of Inspection: <u>5/14/2013</u>		Inspected by: <u>Robert Schirmer</u>		Date of Re-Inspection:					
Condition(s): <u>Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached)</u>		Must Follow Best Management Practices. Minimize exposed soil. Use silt fence to contain all soil to site and prevent from entering Lake Superior							
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>5/15/2013</u>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	